

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration Submitted with Initial Filing ☐ Declaration Submitted after Initial Filing

Attorney-Doctet Number

146.1376

First Named Inventor

CORBIER et al

## COMPLETE IF KNOWN

Application Number

PCT/FR00/01569

Filing Date

June 8, 2000

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NEW DERIVATIVES OF ECHINOCANDINE, THEIR PREPARATION PROCESS AND THEIR USE AS ANTIFUNGALS

(Title of the Invention)

the specification of which

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) 06/08/00

as United States Application Number or PCT International

Application Number PCT/FR00/01569

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed     | Certified Copy Attached? |                                     |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|-------------------------------------|
|                                     |         |                                  |                          | YES                      | NO                                  |
| 99/07252                            | France  | 06/09/99                         | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto. |
|-----------------------|--------------------------|--|
|                       |                          |  |

## DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application Number | PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--------------------------------|-------------------|---------------------------------|--------------------------------------|
|                                |                   |                                 |                                      |

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

| Name                         | Registration Number | Name | Registration Number |
|------------------------------|---------------------|------|---------------------|
| Bierman, Muserlian and Lucas | 18,818              |      |                     |
| Jordan B. Bierman            | 18,629              |      |                     |
| Charles A. Muserlian         | 19,683              |      |                     |
| Donald C. Lucas              | 31,275              |      |                     |

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to:

|         |                              |           |              |
|---------|------------------------------|-----------|--------------|
| Name    | Charles A. Muserlian         |           |              |
| Address | Bierman, Muserlian and Lucas |           |              |
| Address | 600 Third Avenue             |           |              |
| City    | New York                     | State     | NY           |
| ZIP     | 10016                        |           |              |
| Country | U.S.A.                       | Telephone | 212-661-8000 |
| Fax     | 212-661-8002                 |           |              |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

|            |       |                |  |             |         |                 |  |
|------------|-------|----------------|--|-------------|---------|-----------------|--|
| Given Name | Alain | Middle Initial |  | Family Name | CORBIER | Suffix e.g. Jr. |  |
|------------|-------|----------------|--|-------------|---------|-----------------|--|

|                      |  |      |  |
|----------------------|--|------|--|
| Inventor's Signature |  | Date |  |
|----------------------|--|------|--|

|                 |                      |       |  |         |        |             |        |
|-----------------|----------------------|-------|--|---------|--------|-------------|--------|
| Residence: City | Verrieres Le Buisson | State |  | Country | France | Citizenship | France |
|-----------------|----------------------|-------|--|---------|--------|-------------|--------|

Post Office Address 2, Square du Cedre, F 91370 Verrieres Le Buisson, France

|                     |  |
|---------------------|--|
| Post Office Address |  |
|---------------------|--|

|      |                      |       |  |     |         |         |        |
|------|----------------------|-------|--|-----|---------|---------|--------|
| City | Verrieres Le Buisson | State |  | Zip | F 91370 | Country | France |
|------|----------------------|-------|--|-----|---------|---------|--------|

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

## DECLARATION

 ADDITIONAL INVENTOR(S)  
 Supplemental Sheet

|  |                    |  |  |   |                 |             |        |
|--|--------------------|--|--|---|-----------------|-------------|--------|
| Name of Additional Joint Inventor, if any:   |                    |  |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                 |             |        |
| Given Name   | Patrick            | Middle Initial   |  | Family Name   | FAUVEAU         | Suffix      |        |
| Inventor's Signature   |                    |  |  |   |                 | Date        |        |
| Residence: City  | Livry Gargan       | State  |  | Country   | France          | Citizenship | France |
| Post Office Address  |                    | 40, Avenue Camille Desmoulins, F 93190 Livry Gargan, France    |  |   |                 |             |        |
| Post Office Address  |                    |  |  |   |                 |             |        |
| City   | Livry Gargan       | State  |  | Zip   | F 93190         | Country     | France |
| Name of Additional Joint Inventor, if any:   |                    |  |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                 |             |        |
| Given Name   | Nathalie           | Middle Initial   |  | Family Name   | PIETRE-DISCHAMP | Suffix      |        |
| Inventor's Signature   |                    |  |  |   |                 | Date        |        |
| Residence: City  | Ormesson Sur Marne | State  |  | Country   | France          | Citizenship | France |
| Post Office Address  |                    | 48, Chemin Moque Bouteille, F 94490 Ormesson Sur Marne, France |  |   |                 |             |        |
| Post Office Address  |                    |  |  |   |                 |             |        |
| City   | Ormesson Sur Marne | State  |  | Zip   | F 94490         | Country     | France |
| Name of Additional Joint Inventor, if any:   |                    |  |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                 |             |        |
| Given Name   | Laurent            | Middle Initial   |  | Family Name   | SCHIO           | Suffix      |        |
| Inventor's Signature   |                    |  |  |   |                 | Date        |        |
| Residence: City  | Bondy              | State  |  | Country   | France          | Citizenship | France |
| Post Office Address  |                    | 24, Allee Charles Magne, F 93140 Bondy, France                 |  |   |                 |             |        |
| Post Office Address  |                    |  |  |   |                 |             |        |
| City   | Bondy              | State  |  | Zip   | F 93140         | Country     | France |
| Name of Additional Joint Inventor, if any:   |                    |  |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                 |             |        |
| Given Name   | Pascale            | Middle Initial   |  | Family Name   | VICAT           | Suffix      |        |
| Inventor's Signature   |                    |  |  |   |                 | Date        |        |
| Residence: City  | Paris              | State  |  | Country   | France          | Citizenship | France |
| Post Office Address  |                    | 37, rue des Epinettes, F 75017 Paris, France                   |  |   |                 |             |        |
| Post Office Address  |                    |  |  |   |                 |             |        |
| City   | Paris              | State  |  | Zip   | F 75017         | Country     | France |
| <input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto |                    |  |  |   |                 |             |        |

# DECLARATION FOR UTILITY OR DESIGN - PATENT APPLICATION

☒ Declaration OR  
Submitted  
with Initial Filing

☐ Declaration  
Submitted after  
Initial Filing

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|------------------------|----------------|
| Attorney Docket Number | 146.1376       |
| First Named Inventor   | CORBIER et al  |
| COMPLETE IF KNOWN      |                |
| Application Number     | PCT/FR00/01569 |
| Filing Date            | June 8, 2000   |
| Group Art Unit         |                |
| Examiner Name          |                |

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|                                     |         |                                  |                          | YES                      | NO                                  |
| 99/07252                            | France  | 06/09/99                         | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

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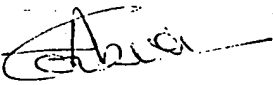
Direct all correspondence to:

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|---------|------------------------------|-----------|--------------|
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| City    | New York                     | State     | NY           |
|         |                              | ZIP       | 10016        |
| Country | U.S.A.                       | Telephone | 212-661-8000 |
|         |                              | Fax       | 212-661-8002 |

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|                      |   |                |  |             |         |                 |        |
|----------------------|---|----------------|--|-------------|---------|-----------------|--------|
| Given Name           | Alain   | Middle Initial |  | Family Name | CORBIER | Suffix e.g. Jr. |        |
| Inventor's Signature |  |                |  |             | Date    | 16 Janvier 2002 |        |
| Residence: City      | Verrieres Le Buisson  | State          |  | Country     | France  | Citizenship     | France |
| Post Office Address  | 2, Square du Cedre, F 91370 Verrieres Le Buisson, France                            |                |  |             |         |                 |        |
| Post Office Address  |   |                |  |             |         |                 |        |
| City                 | Verrieres Le Buisson  | State          |  | Zip         | F 91370 | Country         | France |

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| Name of Additional Joint Inventor, if any:   |  |                |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                 |                 |        |
| Given Name   | Patrick  | Middle Initial |  | Family Name   | FAUVEAU         | Suffix e.g. Jr. |        |
| Inventor's Signature   |  |                |  |   | Date            | 15 Jan. 2002    |        |
| Residence: City  | Livry Gargan   | State          |  | Country   | France          | Citizenship     | France |
| Post Office Address  | 40, Avenue Camille Desmoulins, F 93190 Livry Gargan, France    |                |  |   |                 |                 |        |
| Post Office Address  |  |                |  |   |                 |                 |        |
| City   | Livry Gargan   | State          |  | Zip   | F 93190         | Country         | France |
| Name of Additional Joint Inventor, if any:   |  |                |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                 |                 |        |
| Given Name   | Nathalie   | Middle Initial |  | Family Name   | PIETRE-DISCHAMP | Suffix e.g. Jr. |        |
| Inventor's Signature   |  |                |  |   | Date            | 15 janvier 2002 |        |
| Residence: City  | Ormesson Sur Marne   | State          |  | Country   | France          | Citizenship     | France |
| Post Office Address  | 48, Chemin Moque Bouteille, F 94490 Ormesson Sur Marne, France |                |  |   |                 |                 |        |
| Post Office Address  |  |                |  |   |                 |                 |        |
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| Given Name   | Laurent  | Middle Initial |  | Family Name   | SCHTO           | Suffix e.g. Jr. |        |
| Inventor's Signature   |  |                |  |   | Date            | 15/01/2002      |        |
| Residence: City  | Bondy  | State          |  | Country   | France          | Citizenship     | France |
| Post Office Address  | 24, Allee Charles Magne, F 93140 Bondy, France                 |                |  |   |                 |                 |        |
| Post Office Address  |  |                |  |   |                 |                 |        |
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| Given Name   | Pascale  | Middle Initial |  | Family Name   | VICAT           | Suffix e.g. Jr. |        |
| Inventor's Signature   |  |                |  |   | Date            | 17/01/2002      |        |
| Residence: City  | Paris  | State          |  | Country   | France          | Citizenship     | France |
| Post Office Address  | 37, rue des Epinettes, F 75017 Paris, France                   |                |  |   |                 |                 |        |
| Post Office Address  |  |                |  |   |                 |                 |        |
| City   | Paris  | State          |  | Zip   | F 75017         | Country         | France |
| <input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto |  |                |  |   |                 |                 |        |